

**EXECUTIVE SUMMARY**  
**Missouri Mental Health Commission Meeting**  
Northwest MO Psychiatric Rehabilitation Center  
St. Joseph, Missouri 64506  
**November 8, 2007**

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**PRESENT**

Ron Dittmore, Chair  
Beth Viviano, Secretary  
Phillip McClendon  
Patricia Bolster, M.D.  
Kathy Carter  
David Vlach, M.D.

**STAFF**

Keith Schafer, Department Director  
Lynn Carter, Deputy Director  
Mark Stringer, Division Director, ADA  
Felix Vincenz, CEO, CPS  
Jeff Grosvenor, MRDD  
Brent McGinty, Administration  
Jan Heckemeyer, DMH Administration  
Monica Hoy, Assistant to the Director  
Bob Bax, Director's Office  
Pam Leyhe, Director's Office  
Diane McFarland, DMH Transformation  
Rikki Wright, General Counsel  
Audrey Hancock, Director's Office  
John Heskett, DMH Office of Children  
Leigh Gibson, Consumer Safety  
Sandra Wise, MRDD  
Laurie Epple, ADA

**GUESTS**

Charlie Shields, State Senator  
Donna Wilson, Heartland Health  
Ed Row, Crisis Intervention Team  
Rebecca Lake Wood, Jackson Co. Public Admin.  
Dawn Tish, Jackson Co. Health Dept.  
Brenda Shields, United Way  
Elaine Guenther, Auxiliary  
Alonzo Weston, News-Press  
Andrea Aderton, Circle of Hope  
Rob Schaaf, State Representative  
Linda Judah, Social Welfare Board  
Lindsay Perez, Western MO MHC  
Scott Carter, Western Region  
Susan C. Wilson, NW Health Services  
Amy Newberry, MO P & A  
Vernalee Carter, NW MO PRC Advisory Board  
Ryan Ditzler, Western MO MHC  
Rob Hornstra, Western MO MHC  
Jackie Griffin, Western MO MHC  
John Tucker, Western MO MHC  
Edward Aviles, Western MO MHC  
John Chase, Western MO MHC  
Vickie Niederhofer, MRDD  
Sandra Wise, MRDD  
Bonnie Neal, CPS

**GUESTS** (continued)

Ed Abarcia, Western MO MHC  
Mark Miller, COO, Western MO MHC  
Bud Salanski, The Center  
Garry Hammond, Family Guidance  
Tom Cranshaw, Tri-County MH Services  
Tim Swinfard, MO Coalition of CMHCs  
Virginia Carpenter, Western MO MHC  
Diane Hargrave, NW MO PRC  
Randy Riley, NW MO PRC  
Mary Attebury, COO, NW MO PRC  
Dick Gregory, CEO, CPS Western Region  
Gail Current, NW MO PRC  
James Reynolds, NW MO PRC  
Rintu Khan, NW MO PRC  
Kit Welsh, NW MO PRC  
Sharon Keeter, NW MO PRC  
Julie Vaughn, NW MO PRC  
Hope Turner, NW MO PRC  
Diane Mack, Kansas City  
Carmen Cotton, ARO  
Joann Perry, NW MO PRC  
Kay Green, Western Region  
Amanda Maretola, MW MO PRC

TOPIC/ISSUE	DISCUSSION
<b>CALL TO ORDER/ INTRODUCTIONS</b>	Ron Dittmore called the Mental Health Commission Meeting to order at 9:15 a.m. on November 8, 2007. Introductions were made around the room. Ron thanked the staff of Northwest MO Psychiatric Rehabilitation Center for graciously hosting the meeting.
<b>APPROVAL OF MINUTES</b>	Ron asked for a motion to approve the Minutes of the October 11, 2007 Mental Health Commission Meeting. Kathy Carter noted a change to the Draft Minutes to more closely reflect her remarks regarding Keith Schafer's presentation at the Alternatives Conference in St. Louis on October 10. Phillip McClendon moved to approve the Minutes, David Vlach seconded and the Minutes were approved as revised.
<b>OPEN DISCUSSION</b>	Ron Dittmore introduced Scott Clark, Glore Psychiatric Museum Coordinator and thanked him for providing tours of the Museum to the Commissioners and guests. Scott presented a video on the history and vision for mental health services at the Department of Mental Health by renowned journalist Walter Cronkite.
<b>OPENING REMARKS</b>	<p>Ron Dittmore introduced Mary Attebury, COO of Northwest MO Psychiatric Rehabilitation Center (NMPRC).</p> <p>Mary welcomed everyone and introduced Senator Charlie Shields of District 34.</p> <ul style="list-style-type: none"> <li>• Senator Shields gave a brief background of NMPRC and shared some goals that are hoped will be funded in future budgets, including 28 more beds for NMPRC. Senator Shields asked the Commission to partner with him to accomplish that. Keith Schafer expressed his appreciation and thanks for Senator Shields' advocacy and leadership for mental health issues during his years in the Legislature.</li> <li>• Mary Attebury provided a brief history and overview of services at NMPRC. She shared some issues they are dealing with, such as lack of room for clients from hospitals' psychiatric units that need intermediate/long-term care, and forensic or incompetent to proceed patients who are court-ordered to long-term, secure settings.</li> <li>• Ron introduced Garry Hammond, Executive Director of Family Guidance Center in St. Joseph, the Administrative Agent for Service Area 1 with DMH, and Susan Wilson, CEO of Northwest Health Services in St. Joseph, which is the local FQHC. Ron shared that both these agencies were instrumental in the award of the Circle of Hope Grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). Garry and Susan gave an</li> </ul>

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	<p>overview of histories, services, and collaboration at their respective agencies. Garry provided Family Guidance Center's Annual Report.</p> <ul style="list-style-type: none"> <li>• Bud Salanski, Executive Director of The Center—A Samaritan Center, presented an overview of that agency and provided their brochure. He gave a brief history of the creation of The Center. Originally known as the Samaritan Counseling Center affiliated with Heartland Hospital, The Center is now a not-for-profit organization, owned and operated by its own local Board of Directors. Bud shared The Center's mission statement. A portion of their clients are served by financial assistance from resources such as United Way, federal Community Development Block Grant, fundraisers, and trusts. Bud expressed the vision for the future of services in the St. Joseph area, and for The Center.</li> <li>• Ron introduced Brenda Shields, President of the local United Way, and Donna Wilson, Children's Services at Heartland Hospital, Brenda presented an overview of health and human services that the United Way supports through collaboration with business, social services, governmental agencies and agencies such as Family Guidance, the Social Welfare Board, and The Center. Donna presented an overview of services that Heartland provides through collaboration with agencies to provide services to young children. Some services provided are: a youth health center, a dental clinic, a mobile pediatric clinic, provide a teen pregnancy care manager. Donna expressed their wish to provide more services for children through collaboration in the community.</li> <li>• Ron introduced Cpt. Ed Row, Buchanan County Sheriff's Department who brought a history and overview of the Crisis Intervention Teams in Kansas City and northwest Missouri. There are now 24 officers in northwest Missouri that are trained CIT officers. CIT training is a 40-hour training that gives officers specialized training in dealing with people with mental health issues and how to de-escalate situations. He expressed that the key to the success of CIT is partnership between law enforcement and other agencies such as NMPRC, Heartland Hospital, Family Guidance, Sheriff's Department, Police Department, DMH, NAMI. Plans are to provide this training on a yearly basis. Cpt. Row emphasized the importance of partnership in this endeavor. Keith Schafer noted that CIT is listed as one of the major achievements in mental health in Missouri in the last two years. Over 1,500 officers in the state of Missouri voluntarily chose to participate in the 40-hour CIT program and have been involved in more than 7,000 incidents that were classified as mental health incidents. The arrest rate in those incidents is under five percent, which should be considered excellent. Keith thanked Cpt. Row and expressed his admiration for what CIT officers do.</li> </ul>
<b>PUBLIC COMMENTS</b>	<p>Ron opened the floor to public comments.</p> <ul style="list-style-type: none"> <li>• Rebecca Lake Wood, Jackson County Public Administrator, spoke on behalf of a group of "Community Mental Health Stakeholders." She shared that their goal is to unite in efforts to influence legislative outcomes and to support budget objectives that they see are essential to providing comprehensive services to their clients suffering from</li> </ul>

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	persistent mental illness, mental retardation, developmental delays, behavior disorders, and substance abuse. This group hopes to advocate for programs that DMH supports. She provided a handout that listed their members and ranking of budget items they would like to see.
<b>EXECUTIVE SESSION</b>	<p><b>Note: Issues came to the attention of the Mental Health Commission that morning that required an unannounced Closed Session.</b></p> <p>Kathy Carter made a motion that the Mental Health Commission convene Closed Executive Session in accordance with Section 610.021 (2), (3) RSMo, Purchasing/Leasing, Personnel. Beth Viviano seconded and the motion passed.</p>
<b>GUEST REMARKS</b>	<ul style="list-style-type: none"> <li>• Ron introduced Representative Rob Schaaf, District 28, who welcomed this group and provided information on legislation passed last session, particularly the MO HealthNet Bill that included dental and vision coverage for adults.</li> </ul>
<b>SOCIAL WELFARE BOARD</b>	<ul style="list-style-type: none"> <li>• Ron introduced Linda Judah, CEO of the Social Welfare Board, the oldest free clinic in the United States. Linda gave a history of the SWB and an overview of services they provide. They primarily provide medical and dental care at no cost to the patient. Fifty-seven percent of their budget is obtained through county and city governments. The remaining budget is obtained through grants, foundations, donations. Linda provided a brochure on the SWB.</li> </ul>
<b>CIRCLE OF HOPE</b>	<ul style="list-style-type: none"> <li>• Ron introduced Andrea Aderton with the Circle of Hope Grant, a System of Care grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), and Bonnie Neal, DMH Children's Area Director for the Western Region. They brought an overview of systems of care and the structure of the Circle of Hope System of Care Grant. Bonnie shared the Vision of the Circle of Hope:  <p>"To create a family driven, data informed system of care that increases early identification and access to coordinated, unduplicated services through multiple entry points building on existing resources."</p> <p>Bonnie and Andrea provided a handout and shared information on policy team members, strategic planning, vision, goals, objectives, population of focus, services system of Circle of Hope. Dr. David Vlach thanked Andrea and Bonnie for their presentation and commended them on their decision to base services on what is needed rather than a diagnostic label. Andrea noted that a requirement of the Grant is that they serve 125 clients, but they hope to be able to serve all who need services.</p> </li> </ul>
<b>MO MENTAL HEALTH FOUNDATION CONCEPT</b>	<p>Keith Schafer explained the awareness strategy that is the Missouri Mental Health Foundation.</p> <ul style="list-style-type: none"> <li>• The Foundation concept is to raise the visibility of the DMH consumers through events such as the newly created Mental Health Champions program. Keith noted the Alternatives Conference held in St. Louis in October and expressed the hope to do a similar conference on a state level.</li> <li>• DMH has discussed an establishment of an agreement with Midwest Special Needs Trust whose bylaws allow them to create subsidiary foundations, one of which will be the Mental Health Foundation.</li> <li>• DMH has created a collaborative relationship with David Rachell, a corporate development specialist. His commission is fifteen percent of what is raised the first year. There is a minimum risk of \$4,800 which is his base fee</li> </ul>

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	<p>and is part of the fifteen percent. Diane McFarland with Transformation has made a commitment to cover the \$4,800, should the Foundation not be successful in raising that amount. David Rachell is in the process of determining the mission, targeted entities, would we receive gifts from certain entities and not others, what will those entities receive in return.</p> <ul style="list-style-type: none"> <li>• Beth Viviano is a Board Member of the Midwest Special Needs Trust and shared that this issue was raised at their meeting last week in regard to the actual physical keeping of funds. The MSNT will not do advocacy or fundraising, but will set up the account under their auspices.</li> <li>• Rikki Wright stated that control of the Mental Health Trust Fund would ultimately be vested in the Midwest Special Needs Trust, therefore, they would delegate authority to the Commission to control those monies.</li> </ul> <p>After discussion on possible agreements with the MSNT, discussion was held regarding a Commissioner serving on the Board of the Midwest Special Needs Trust. It was the consensus that any action be tabled until DMH has an opportunity to meet with MSNT to ask them to delegate authority to them to make determinations of allocation of funding to the targeted activities of the Mental Health Trust Fund. Secondly, DMH will ask the MSNT if they would institutionalize a common position. At the December Commission meeting, Keith will ask the Commission to formalize the agreement with the MSNT.</p>
<p><b>DIVISION UPDATES</b></p>	<p>Felix Vincenz brought an update on the Division of Comprehensive Psychiatric Services and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Census Pressures <ul style="list-style-type: none"> <li>▸ Acute Care Facilities: On diversion 49.87% of all hours in the week (279 beds across five facilities, causing impact of approximately 10 admissions/day being denied admission and diverted</li> <li>▸ Long Term Care Facilities: At 97.49% of capacity (1,054 beds across six facilities)</li> </ul> </li> <li>• Vacancies <ul style="list-style-type: none"> <li>▸ RNs: 20.12% (72.4 out of 359.9 budgeted positions)</li> <li>▸ Psychiatry: 17.10% (10.39 out of 60.75 budgeted positions)</li> </ul> </li> <li>• Beds Off Line Because of Vacancies <ul style="list-style-type: none"> <li>▸ 10 Beds at SMMHC (18.52% of capacity)</li> <li>▸ 13 Beds at MPC (13% of capacity)</li> <li>▸ Impact: An additional 1.6 admissions/day are denied admission and diverted</li> </ul> </li> <li>• Turn-Over Rate <ul style="list-style-type: none"> <li>▸ State benchmark of 15.8% across all state departments</li> <li>▸ DMH has a turn-over rate of 25.2%</li> </ul> </li> <li>• Classifications that are Particularly Problematic <ol style="list-style-type: none"> <li>1) Direct Care Employees: 30.37%</li> <li>2) RNs: 24.9%</li> </ol> </li> </ul>

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	<p>3) Psychologists: 20.25%</p> <p>4) Substance Abuse Counselors: 29.63%</p> <p>5) Psychiatrists: 18.11%</p> <p>6) Non-Psychiatrist Physicians: 25%</p> <p>7) Clinical Leadership: 10.23%</p> <ul style="list-style-type: none"> <li>• Impact <ul style="list-style-type: none"> <li>1) Training Costs</li> <li>2) Overtime</li> <li>3) Discontinuity of Care</li> <li>4) Lower Quality of Care</li> </ul> </li> </ul> <p>Sandra Wise updated the Commission on the Division of Mental Retardation and Developmental Disabilities:</p> <ul style="list-style-type: none"> <li>• Expansion of targeted case management <ul style="list-style-type: none"> <li>▸ Currently, 25 of their Senate Bill 40 counties are doing TCM. Six of those have come on in the last year.</li> <li>▸ Currently have 166 privatized case managers through those county boards, serving approximately 4,500 consumers.</li> <li>▸ They have some SB 40 Boards who have been doing TCM long term and can help those who are not.</li> </ul> </li> </ul> <p>Jan Heckemeyer brought an update on the RFP process for Bellefontaine Habilitation Center and provided a handout.</p> <ul style="list-style-type: none"> <li>• RFP was issued on September 13, 2007. Closing date initially set for October 16, however, amendments were issued.</li> <li>• Pre-proposal conference was held on September 26, 2007, with about 15 potential bidders in attendance.</li> <li>• Two more amendments were issued after that conference to clarify some of the requirements and provide more demographic information.</li> <li>• Closing date was extended to October 23, 2007.</li> <li>• Six proposals were received.</li> <li>• Final candidates will give presentations to DMH panel in Jefferson City. It's hoped the contract will be awarded in early December.</li> <li>• Contractors will begin providing services on Bellefontaine campus on February 16, 2008.</li> <li>• Contractors will transition consumers to community settings by February 15, 2010.</li> </ul> <p>Vickie Niederhofer brought an update on Bellefontaine Habilitation Center:</p> <ul style="list-style-type: none"> <li>• Morale at BHC is fair at best. Staff is somewhat in limbo as to their status.</li> <li>• Their Utilization Review went very well. Were complimentary of what had been done.</li> <li>• Staff from DMH Human Resources have been to BHC several times in recent months to meet with employees to give them a sense of their options.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Staff from the State Office of Administration visited to look at some buildings.</li> <li>• The BHC Parents Association is still active and voice opposition to the plan.</li> </ul> <p>Laurie Epple updated the Commission on the Division of Alcohol and Drug Abuse:</p> <ul style="list-style-type: none"> <li>• ADA was recently awarded the Access to Recovery Grant, round two. It's a three-year grant totaling \$14.5 million to provide clinical treatment and support to individuals with substance abuse needs.</li> <li>• The Annual Synar Report was recently approved. The non-compliance rate was low, at 5.6%.</li> </ul> <p>Diane McFarland brought an update from the Office of Transformation:</p> <ul style="list-style-type: none"> <li>• At the September Mental Health Commission Meeting, a recommendation was made by the Transformation Work Groups to do investigative services and expand CIT statewide. Dr. Parks is pursuing legislation to change the statute pertaining to Mental Health Coordinators being required to be state employees to do investigative services. The legislation language would remove the requirement for Mental Health Coordinators to be state employees and would ensure those investigators have the protections under the law.</li> <li>• That same budget item addressed bringing up CIT statewide. Some CIT across the state had indicated they wanted DMH to contract with a law enforcement person to bring CIT up statewide, especially in rural areas. Training dollars were allotted in that budget item. It will be recommended to the Transformation Work Group that the Transformation Grant would fund a one or two-year RFP to do that contract to work with existing CITs to form a model to use statewide. That would not be sustained through the Transformation Grant, but could use in future budget requests.</li> <li>• Timeline is that there will be a final draft of the Transformation Plan, must be brought to the Transformation Work Group on December 12, 2007. The Mental Health Commission is to be a reviewer or final commenter before final approval from the Human Services Cabinet Council. This will be an agenda item at that December 13 meeting.</li> </ul>
<b>FUTURE MEETINGS</b>	The next Mental Health Commission Meeting is scheduled for December 13, 2007 in Jefferson City.
<b>ADJOURN</b>	<p>The Mental Health Commission adjourned at 3:45 p.m.</p> <hr/> <p>Ron Dittmore, Chair</p>